

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

GREENLEAF LIMITED PARTNERSHIP)	
)	
)	
Plaintiff)	
)	
v.)	Civil Action No. 08-2480
)	
ILLINOIS HOUSING DEVELOPMENT)	Judge Virginia M. Kendall
AUTHORITY)	
)	
)	
Defendant)	

AFFIDAVIT OF SERVICE

I, Carl A.S. Coan, III, being first duly sworn, depose and state:


1. Service was made on the Defendant by mailing a copy of the Complaint and Summons to Deshana Forney, Executive Director of Defendant, on June 2, 2008 via certified mail, return receipt requested.

2. Service on Defendant was effected on June 6, 2008. A copy of the return receipt is attached hereto as Exhibit 1.

Carl A.S. Coan III
Carl A.S. Coan, III

District of Columbia, ss:

Subscribed and sworn to before me on July 2, 2008.


Notary Public

My Commission expires: 4-30-2010

Bonnie K. Miller
Notary Public, District of Columbia
My Commission Expires 04/30/2010

Respectfully Submitted,

July 2, 2008

GREENLEAF LIMITED PARTNERSHIP

By Its Attorneys:

/s/Richard A. Wolfe
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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

GREENLEAF LIMITED PARTNERSHIP

v.

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

Civil Action No. 08-2480(VMK)

AFFIDAVIT OF SERVICE

Exhibit 1

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Deshana Forney, Executive Director Illinois Housing Development Authority 401 North Michigan Avenue #700 Chicago, IL 60611</p>		<p>B. Recipient's (Printed Name)</p> <p>C. Date of Delivery</p>	
		<p>Delivery address different from item 1? <input type="checkbox"/> Yes If yes, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7003 1010 0003 3280 7650</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	